

AFFIDAVIT OF INDIGENCY AND REQUEST FOR WAIVER, C. 261, §27B	Commonwealth of Massachusetts Juvenile Court Department	Division
Case Name: _____		Docket No. _____

AFFIDAVIT OF INDIGENCY

Name of Applicant: _____
Address _____

SECTION 1: Under the provisions of General Laws, Chapter 261, Sections 27A-27G. I swear (or affirm) as follows:
I AM INDIGENT in that (*check only one*):

G (A) I receive public assistance under Transitional Aid to Families with Dependent Children (TAFDC), Emergency Aid to Elderly, Disabled or Children (EAEDC), Supplemental Security Income (SSI), Medicaid (MassHealth) or Massachusetts Veterans Benefits Programs; (*circle form of public assistance received*);
or

G (B) My income, less taxes deducted from my pay, is \$_____ per week/month/year (*circle period that applies*), for a household of _____ persons, consisting of myself and _____ dependents; which income is at or below the court system's poverty level; (*Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk. The court system's poverty level is updated each year.*) [List any other available household income for the circled period on this line: _____]; **or**

G (C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.

**REQUEST FOR WAIVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS**

NORMAL FEES AND COSTS

SECTION 2: (*Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplemental request may be filed at a later time, if necessary.*)

I request that the following **NORMAL FEES AND COSTS** be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid by the state): (*Check all that apply and, in any "\$_____" blank, indicate your best guess as to the cost, if known.*)

G Filing Fee and any surcharge. \$_____

G Filing Fee and any surcharge for appeal. \$_____

G Fees or costs for serving court summons, witness subpoenas or other court papers. \$_____

G Other fees or costs of \$_____ for (*specify*): _____

G Substitution (*specify*) _____

(SEE BACK OF FORM FOR REQUEST OF EXTRA FEES AND COSTS)

**REQUEST FOR WAIVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS**

EXTRA FEES AND COSTS

Section 3: I request that the following **EXTRA FEES AND COSTS** either be waived (not charged), substituted or paid by the state:

G Cost, \$_____, of expert services for testing, examination, testimony or other assistance (*specify*):

G Cost, \$_____, of taking and/or transcribing a deposition of (*specify name of person*):

G Cassette copies of tape recording of trial or other proceeding, needed to prepare appeal for applicant **not** represented by Committee for public Counsel Services (CPCS-public defender).

G Appeal bond

G Cost, \$_____, of preparing written transcript of trial or other proceeding

G Other fees and costs, \$_____, for (*specify*) _____

G Substitution (*specify*) _____

Date Signed

Signed under the penalties of perjury

X _____

By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized by the applicant.

(This form prescribed by the Chief Justice of the Supreme Court pursuant to G.L. c. 261, §27B. Promulgated March 2003)